PRINTED: 09/29/2011 FORM APPROVED

CENTERS FOI	R MEDICARE & MEDIC	AID SERVICES				OM	IB NO. 0938-0391
STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPLETED	
		155137	B. WIN			08/23/2	2011
			D. (12)		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER	8		1	URDY ROAD		
GOLDEN	I LIVING CENTER-	VALPARAISO		1	RAISO, IN46383		
				ID	,		(V5)
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	· ·	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	REGULATORT OR	ESC IDENTIF TING INFORMATION)	+	IAG			DAIL
F0000							
	This visit was for a Recertification and State Licensure Survey. Survey dates: August 15, 16, 17, 18, 19, and 23, 2011 Facility number: 000062		F0	0000	The facility objects to the allegations of non-compliance the Statement of Deficiency disagrees with both the finding of non-compliance and the left of deficiency cited. Submisses this Response and Plan of Correction is not a legal admission that a deficiency of	and ngs evel sion of	
	Facility number:				or that this Statement of		
	Provider number				Deficiency was correctly cite		
	AIM number:	100271400			is also not to be construed a admission of interest against	t the	
	Survey team:				facility, the Administrator, or employees, agents, or other	any	
	Regina Sanders,	RN_TC			individuals who draft, or may	/ he	
	"				discussed in the Response a		
	Sheila Sizemore				Plan of Correction. In addition		
	1 ` • • •	19, and 23, 2011)			preparation and submission		
	Kelly Sizemore,	RN			the Plan of Correction does	not	
	(August 17, 18, 1	19, and 23, 2011)			constitute an admission or a agreement of any kind by te		
	Census bed type	:			facility of the truth o any fact		
	SNF/NF: 79				alleged or the correctness of conclusions set forth in this	any	
	Total: 79				allegation by the survey		
	10ta1. 79				agency.Accordingly, the faci		
	Census payor typ	oe:			has prepared and submitted plan of Correction prior to	u IIS	
	Medicare: 13				resolution of appeal of this		
	Medicaid: 56				matter, solely becaue of the		
	Other: 10				requirements under State ar	nd	
	Total: 79				Federal law that mandate		
	10111. //				submission of a Plan of	-	
					Correction within ten (10) da	ys of	
	Sample: 1				the survey as a condition to	Title	
	Supplemental:	5			participate in the title 18 and 19 programs. The submission		
					this Plan of Correction within		
	These deficienci	es also reflect state			time frame should in no way		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

time frame should in no way be

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

UU6K11

Facility ID:

000062

´		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY OO COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 155137	A. BUILDING	00	08/23/2011
		155157	B. WING		00/23/2011
NAME OF P	ROVIDER OR SUPPLIER		l l	TADDRESS, CITY, STATE, ZIP CODE TURDY ROAD	
GOLDEN	LIVING CENTER-	VALPARAISO	l l	ARAISO, IN46383	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG			TAG	considered or construed as a	DATE
	findings cited in accordance with 410 IAC 16.2.			agreement with the allegatio	ns of
				the facility. This Plan of Corre	
	· •	ompleted on August 24,		shall constitute the facility's	
	2011, by Bev Fau	ulkner, RN		credible allegation of complia	ance.
F0250		rovide medically-related			
SS=D		attain or maintain the e physical, mental, and			
		being of each resident.			
		review and interview, the	F0250	Resident #41 - Social Sei	rvices 09/09/2011
		provide medically-related		Director (SSD) reviewed	
		or maintain the highest		documentation on chart and was found to confirm that	none
	practicable physi	· ·		visitation in common areas v	vere
		Il-being of each resident,		not necessary and had been	
	related to not obt	taining follow up		discontinued in July 2011.SS	
		ations and assessments		continuously assesses residently by direct observation and rep	
	for 2 of 6 residen	nts reviewed for		completed by staff for any	10113
	psychiatric evalu	ations in a sample of 16.		resident displaying behaviora	al
	(Residents #41 ar	nd #64)		manifestations indicating mo	l l
				disturbance or unusual medi related issues. Interventions	-
	Findings include	:		implemented as needed.2.	aic
	-			Whole house audit will be	
	1. Resident #41'	s record was reviewed on		completed on residents for	:0
	08/17/11 at 8 a.m	n. The resident's		psychosocial needs.3. SSD implement social service aud	
	diagnoses includ	ed, but were not limited		tool. Administrator/Designed	
	to, Parkinson's di	isease and psychotic		do audit weekly for 4 weeks.	В.
	disorder.			Resident #64 - records were	
				reviewed and no follow up documentation by psych ser	vices
				documentation by payon ser	71000

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-VALPARAISO OV. 1D SUMMARY STATEMENT OF DEFICIENCIES RECOULTIVE RECOUNTIVES IN PRECEDED BY FULL TAG A. "Facility Incident Reporting Form." dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a clofth item, like a wash cloth, and stated, "don't want to bear anything else. Shut-up." At that time, CNA noted that resident's husband pushed the cloth item into resident's much. The CNA alerted one of the nurses on dutyhusband was preparing to leave Nurse manager noted that resident should be in vision if resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by psychiatrist on next visit Care plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M				URVEY	
STREET ADDRESS. CITY. STATE. AIP CODE SOLDEN LIVING CENTER-WALPARAISO (X4) ID SUMMARY STATEMENT OF DEFICIENCES PRAITY (IJACII IDEPTICINA' MUST HE PRICEIDED IN YELL) TAG A, "Facility Incident Reporting Form," dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6.30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, "I don't want to hear anything else. Shut-up." At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00		
OLDEN LIVING CENTER-VALPARAISO SUMMANY STATEMENT OF DEFICIENCIES PREFEX TAG A, "Facility Incident Reporting Form," dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yclling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, "I don't want to hear anything else. Shut-up." At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the			155137	B. WIN	NG		08/23/20)11
OCLDEN LIVING CENTER-VALPARAISO OX-0 D SUMMARY STATEMENT OF DEFICIENCIES PREFIX GACTI DEFICIENCY MUST BE PERCEDED BY PILL AG A. "Facility Incident Reporting Form," dated 05/22/11, indicated,"On 5/22/11 at approx. (approximately) 6.30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, "I don't want to hear anything else, Shut-up." At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common area Ombudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visit Care plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the	NAME OF I	PROVIDER OR SUPPLIER	R	<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFEX (BACH DEFICIENCY MUST BE PERCEDED BY FULL TAG A, "Facility Incident Reporting Form," dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, "I don't want to hear anything else. Shut-up." At that time, CNA noted that resident's husband pushed the cloth item into resident's husband was preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment, by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the					1			
RECHA (LACH DEPICIENCY MIST BE PERCEDED BY BLL) REGULATORY OF LSC IDENTIFYING BYORMATION) A, "Facility Incident Reporting Form," dated 05/22/11, indicated, " On 5/22/11 at approx, (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, "I don't want to hear anything else. Shut-up." At that time, CNA noted that resident's husband pushed the cloth item into resident's mushand pushed the cloth item into resident's mushand was preparing to leave. Nurse manager noted that resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeks. Resident to be seen by psychiatrist on next visit Care plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the	GOLDEN	I LIVING CENTER-	-VALPARAISO		VALPAF	RAISO, IN46383		
A, "Facility Incident Reporting Form," dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on duty. husband was preparing to leaveNurse manager noted that resident's husband was preparing to leaveNurse manager noted that resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by the Social Service Director had been completed to determine if supervised visits were still required. Ther ewas a lack of documentation in the						PROVIDER'S PLAN OF CORRECTION		
A,"Facility Incident Reporting Form," dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychitarist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed and any resident needing follow up psych services will have dates to be seen by psych timely. 3. SSD has initiated QA/A audit tool. This will be reviewed weekly by Administrator/Designee for 4 weeks. Administrator to in-service SSD on timely documentation for auditsiobservations will be reviewed weekly by Administrator/Designee for 4 weeks Administrator to in-service SSD on timely documentation for be awel. 4. Results of auditsiobservations will be reviewed weekly by Administrator/Designee for 4 weeks Administrator to in-service SSD on timely documentation for 6 accuracy/completeness. 4. Results of auditsiobservations will be reported to the QA/A Committee for 6 months. 5. 9-9-2011. The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed and any resident needing follow up psych services will have dates to be seen by psych timely. 3. SSD has initiated QA/A audit tool. This will be completed and evervices will		`				CROSS-REFERENCED TO THE APPROPRIA	TE	
dated 05/22/11, indicated, "On 5/22/11 at approx. (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, T don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed and any resident needing follow up psych services will have dates to be seen by psych timely. 3. SSD has initiated OA/A audit tool. This will be reviewed weekly by Administrator to in-service SSD on timely documentation for charting accuracy/completeness. 4. Results of audits/observations will be reviewed weekly by Administrator to in-service SSD on timely documentation for charting accuracy/completeness. 5. 9-9-2011.	TAG		,		TAG			DATE
at approx. (approximately) 6:30 p m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, T don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed and any resident needing folow up psych services will have dates to be seen by psych timely. 3. SSD has iniliated QA/A audit tool. This will be reviewed weekly by Administrator/Designee for 4 weeks. Administrator to in-service SSD on timely documentation to harting accuracy/completeness. 4. Results of audits/observations will be reviewed weekly by Administrator/Designee for 4 weeks. Administrator to in-service SSD on timely documentation to harting accuracy/completeness. 5. Pos-2011.							.	
at approx. (approximately) 6.30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, T don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if' resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychitarist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		1	· ·				´	
room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the							vices	
yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, T don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's husband pushed the cloth item into resident's nouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was preparing to leaveNurse manager noted that resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the						-	/	
specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, T don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the								
specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		, · ·						
looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		specific words b	eing yelled, so CNA					
stated, I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		looked in and sa	w resident's husband pick					
Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		up a cloth item,	like a wash cloth, and			,		
resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. 4. Results of audits/observations will be reported to the QA/A Committee for 6 months. 5. 9-9-2011. 4. Results of audits/observations will be reported to the QA/A Committee for 6 months. 5. 9-9-2011. There was a lack of documentation in the		stated, 'I don't w	ant to hear anything else.			_		
resident's husband pushed the cloth item into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		Shut-up.' At tha	at time, CNA noted that				tions	
into resident's mouth. The CNA alerted one of the nurses on dutyhusband was preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the							uono	
preparing to leaveNurse manager noted that resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the			*			=		
preparing to leaveNurse manager noted that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place" The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the						5. 9-9-2011.		
that resident should be in vision if resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the								
resident's husband was present and would only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		1	——————————————————————————————————————					
only be able to visit at this time in a common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the								
common areaOmbudsman met with resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the			-					
resident's family and staff. Resident's family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		1 *						
family agreed to continued supervised meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the								
meetingsuntil an assessment by social services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		I -						
services is completed in two weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		1	-					
weeksResident to be seen by psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		_						
psychiatrist on next visitCare plan in place." The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		1						
The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the			•					
The resident's record lacked documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		1 ~ -	next visitCare plan in					
documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		place."						
documentation to indicate an assessment by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the		The regident's re	ecord lacked					
by the Social Service Director had been completed to determine if supervised visits were still required. There was a lack of documentation in the								
completed to determine if supervised visits were still required. There was a lack of documentation in the								
visits were still required. There was a lack of documentation in the		l -						
There was a lack of documentation in the		_	-					
		visits were still required.						
		There was a lack	c of documentation in the					
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: UU6K11 Facility ID: 000062 If continuation sheet Page 3 of 36	EODW CMC	<u> </u>		LILIOUAA	Encilie-	ID: 000060 If continuetion -	heet D-	10.2 of 20

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING 00 COMPLE					
		155137	B. WIN			08/23/2	011
NAME OF	PROVIDER OR SUPPLIEI	" ?	-	1	ADDRESS, CITY, STATE, ZIP CODE	•	
COLDEN	ALLIVING CENTED	VALDADAICO		1	URDY ROAD		
	N LIVING CENTER-				RAISO, IN46383		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	1	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	DATE
	 	to indicate the resident		_			
		y a Psychiatrist and/or					
	mental health services until 08/10/11.						
	There was a lack	of documentation in the					
	resident's record	to indicate what was					
	discussed at the	meeting with the family					
	and the Ombuds	man.					
	During an interview on 08/17/11 at 10:30 a.m., the Social Service Director (SSD)						
		essment to determine if					
	_	were still required was					
	1	nt's record. She indicated					
	1	had taken care of the					
		n he came in. She					
		vere no notes about the					
	1	eting in the resident's					
		vas unsure where the					
		neeting were. She					
		ychiatrist comes in every cated the resident had not					
	been seen until (
	Joeen seen until (/U/ 1U/ 11,					
	During a telepho	one interview on 08/17/11					
	1	nbudsman #1 indicated					
	1 -	ng, the family and					
	1 ~	to supervised visits. He					
	1	dsman #2 had met with					
	the family and fa	acility on 05/25/11. He					
	indicated Ombu	dsman #2 came back to					
	the facility and i	met with staff members					
	and was informed	ed the resident's husband					
	had not showed	any abusive tendencies					

000062

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	7	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED	
		155137	B. WIN			08/23/2011	
NAME OF F	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
				1	URDY ROAD		
GOLDEN	I LIVING CENTER-	VALPARAISO		VALPAF	RAISO, IN46383		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	PLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENC!)	D.F	ATE
		re still supervised. He					
		Isman #2 suggested the					
		a public area. He					
		abudsman's office make					
		e facility, the facility is to					
	1	e going to follow the					
	suggestions.						
	2 Pagidant #64	s record was reviewed on					
		p.m. The resident's					
	~	ed, but were not limited					
	to, bipolar diseas	e and depression.					
	A mental health i	note, dated 05/03/11,					
	indicated to decre	ease the resident's Prozac					
	(anti-depressant)	10 milligrams every					
		ow up in four weeks to					
	assess moods and	-					
	There was a lack	of documentation to					
	indicate the four	week follow up had been					
	completed.						
	During an intervi	iew on 08/15/11 at 5:15					
	p.m., the Directo	r of Nursing indicated					
	there had been no	o follow up on the					
	resident's moods	and sleep. She indicated					
	it was the respon	sibility of the Social					
	Service Director	to ensure the follow up					
	was completed.	_					
	_						
	3.1-34(a)						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2011 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155137		A. BUILDING	00	COMPLETED 08/23/2011			
	PROVIDER OR SUPPLIER		B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY ROAD VALPARAISO, IN46383				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			
F0280 SS=D	incompetent or oth incapacitated under participate in plant changes in care at the changes in care at the comprehensive developed within 70 of the comprehensive an interdisciplinattending physicia responsibility for the appropriate staff in by the resident's number of the resident's family representative; and revised by a team each assessment. Based on observation interview, the factor of the comprehension interview, the factor of the comprehension in the comprehens	care plan must be 7 days after the completion sive assessment; prepared hary team, that includes the n, a registered nurse with he resident, and other n disciplines as determined heeds, and, to the extent hitricipation of the resident, ly or the resident's legal d periodically reviewed and of qualified persons after	F0280	1. The care plan for reside was implemented immediately. 2. Whole house audit of carplans for any PICC/IV lines completed and inaccuracie noted. 3. The Director of Clinical Education (DCE) will in-ser	tely. s are was s		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

UU6K11

000062

Facility ID:

If continuation sheet

Page 6 of 36

l i '		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 155137	A. BUI	LDING	00	COMPLETED 08/23/2011
		100107	B. WIN			00/23/2011
NAME OF F	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN	I LIVING CENTER-\	/AI PARAISO		1	URDY ROAD RAISO, IN46383	
		TATEMENT OF DEFICIENCIES	_	ID	u 100, 11110000	(7/5)
(X4) ID PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	DATE
	(Residents #30, #	#41, and #58)			nursing staff on updating car	e
	on 08/17/11 at 8 diagnoses include to, Parkinson's di disorder. A, "Facility Incidented 05/22/11, in at approx. (appro CNA was walkin	's record was reviewed a.m. The resident's ed, but were not limited sease and psychotic dent Reporting Form", indicated, "On 5/22/11 eximately) 6:30 p.m., g past (resident name)			plans. The Director of Nursin Services (DNS)/Designee wi audit care plans as needed for new IV/PICC lines to insure that are in place. 4. The results of audits will be reviewed at QA/A meetings fronths. 5. 9-9-2011.	II or hey oe
		resident's husband as unable to hear the				
	specific words be	eing yelled, so CNA				
		w resident's husband pick				
	_	ike a wash cloth, and				
	·	ant to hear anything else.				
		time, CNA noted that				
		d pushed the cloth item				
		outh. The CNA alerted				
		on dutyhusband was				
		eNurse manager noted				
		ald be in vision if				
		d was present and would				
	l -	isit at this time in a Imbudsman met with				
		and staff. Resident's				
	· ·					
		continued supervised in assessment by social				
	_					
	services is compl weeksResident					
	weeksKesidelit	to be seen by				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED	
		155137	B. WIN	G		08/23/2011	
NAME OF I	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
				1	URDY ROAD		
GOLDEN	I LIVING CENTER-	VALPARAISO		VALPAF	RAISO, IN46383		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	``	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		ON
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE	
	_ :	ext visitCare plan in					
	place."						
	A						
		d 08/31/10 and revised					
	· ·	ed, "I am sometimes					
		family's attempt to					
	'motivate' me. M						
	_	nates as a result of their					
		ell as my own feelings of					
		ventions indicated, "I will					
	1	th group name) and psych					
	• •	vices as appropriate. I will					
		redirect family as					
		ll accept staff support. I					
		n care plans with my					
		riate for my well-being. I					
	l	y feelings to staff and					
	1 *	ept appropriate meds					
		form MD and psych of					
	significant conce	erns."					
	T1 1 1	. C. 1					
		of documentation to					
		lent had a care plan for					
	1 *	om her husband and					
		isband were to be in the					
	common areas of	t the facility.					
	During on inter-	ioux on 00/17/11 at 10:20					
	_	iew on 08/17/11 at 10:30					
	· ·	Service Director indicated					
		es she will allow staff to					
		priately. She indicated					
	_	not state to supervise the					
		and to keep visits in the					
	common area.						

000062

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	л ріп	LDING	00	COMPL	LETED
		155137	B. WIN			08/23/2	011
		1	D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEF	3		1	URDY ROAD		
GOLDEN	I LIVING CENTER-	VAI PARAISO		1	RAISO, IN46383		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	, the state of the	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENC!)		DATE
	2. During an ob	oservation on 08/15/11 at					
	2:30 p.m., with LPN #4 present, Resident						
	#58 was sitting i	n his recliner in his room.					
	_	C line in the resident's					
	right upper arm.						
	ingin upper aim.						
	Dazidası #50						
		ecord was reviewed on					
		5 a.m. The resident's					
	diagnoses included, but were not limited						
	to, dementia and osteomyelitis (bone						
	infection)						
	A physician's ord	der, dated 07/14/11,					
		C line was to be placed					
		•					
	due to intraveno	us therapy.					
	1	from the hospital					
	indicated the PIC	CC line had been placed					
	on 07/18/11.						
	There was a lack	of documentation to					
	indicate the resid	dent had a care plan for					
	the PICC line.	dent nad a care plan for					
	ine i ice iiie.						
	Dumin or are instance	iow on 09/16/11 -+ 1.55					
	_	riew on 08/16/11 at 1:55					
	^ '	icated there was no care					
	plan for the PIC	C line.					
	3. During an ob	servation on 08/18/11 at					
	2:08 p.m., Resid	ent #30 was sitting in his					
		s room. There was a PICC					
		apper arm. The resident					
	1						
	i was admilled int	to the facility from the	1				I

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137		A. BUILI B. WING	DING	00	COMPL 08/23/2	ETED	
	PROVIDER OR SUPPLIER		5. 1110	STREET A	DDRESS, CITY, STATE, ZIP CODE JRDY ROAD RAISO, IN46383	1	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	hospital on 08/03 Resident #30's re 08/19/11 at 8 a.m diagnoses includ to, urinary tract i hypertension. The Physician's I dated 08/03/11, i a PICC line upor facility. There was a lack indicate the resid the PICC line. During an interval. a.m., the Assistant	ecord was reviewed on The resident's ed, but were not limited					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CORRECTION	155137	A. BUILDING B. WING		08/23/2011
NAME OF I	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE	
				URDY ROAD	
	I LIVING CENTER-\			RAISO, IN46383	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE DATE
F0282 SS=D	facility must be proin accordance with plan of care. Based on record of facility failed to discovere followed, resident with discovered facility failed to discovere followed, resident with discovered facility failed to discovere followed, resident #63) Findings include: Resident #63's record 9:30 a.m. The reside were not limited to, hypertension. A physician order, discovered facility weight was blood pressure was bindicated to call the resident's weight was systolic blood pressure facility. The resident's pre-discovered facility faci	ded or arranged by the poided by qualified persons a each resident's written review and interview, the ensure physician's orders elated to dialysis for 1 of ialysis in a sample of 16. d was reviewed on 08/16/11 at ent's diagnoses included, but end stage renal disease and ated 07/08/11, indicated to real dialysis as ordered if the s 230-238 and if the systolic between 100-160. The orders dialysis company if the s below 230 or above 238 or are was below 100 or above alysis weights/blood pressures sheet were as follows:	F0282	1. Resident #63 medical recovers was reviewed. In-service was reviewed. In-service was completed on 8-9-2011 regal BP and weight parameters a notifying dialysis clinic. Reviewed from that day forward shows accurate implementation of orders. 2. No peritoneal dialysis residents are in the building. 3. All nurses will be inserviced on communicating dialysis company orders. DCE/Designee will monitor dialysis flow sheet 5 times was to insure timely communication. 4. Resuts of audits will be reviewed at QA meetings for 6 months. 5. 9-9-2011.	as rding and iew of ition

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION (X3			(3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	ETED
		155137	A. BUI B. WIN			08/23/20	011
			B. WIN		ADDRESS CITY STATE ZID CODE	ļ	
NAME OF P	PROVIDER OR SUPPLIER			I	ADDRESS, CITY, STATE, ZIP CODE		
				1	URDY ROAD		
GOLDEN	I LIVING CENTER-\	VALPARAISO		VALPA	RAISO, IN46383		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	' ⁻	DATE
	07/13/11- 240.4						
	07/14/11- 240.2						
	07/15/11- blood pressure, 96/54						
	07/21/11- 227.2						
	07/23/11- 228.2						
	07/25/11- 227						
	07/26/11- 229.4						
	07/28/11- 229.8						
	The flow record ind	icated the dialysis was					
	completed on the ab						
	-						
	There was a lack of	documentation to indicate the					
	dialysis company ha	nd been notified of the weights					
	and blood pressures	outside of the ordered					
	parameters.						
	A physician's order,	dated 07/29/11, indicated to					
	complete the peritor	neal dialysis as ordered if the					
	resident's weight wa	s between 225-238 or if the					
	systolic blood pressi	ure was between 100-160. The					
	orders indicated to c	all the dialysis company if the					
	resident's weight wa	s below 225 or above 238 or					
	the systolic blood pr	ressure was below 100 or					
	above 160.						
	The dialysis flow sh	eet indicated resident's					
	-	on 07/31/11 was 224.8 and					
	08/07/11 was 224.4	and blood pressure was 97/51.					
		cated the dialysis was					
	completed on both e						
	There was a lack of	documentation to indicate the					
	dialysis company ha	nd been notified of the weight					
		prior to the dialysis being					
	completed.						
	_						
	During an interview	on 08/16/11 at 10:40 p.m. the					
		indicated the dialysis company					
	was not being notific						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155137				00	(X3) DATE S COMPL 08/23/2	ETED
LIVING CENTER-\	/ALPARAISO		251 STU	IRDY ROAD		
(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E .	(X5) COMPLETION DATE
3.1-35(g)(2)						
must provide the not attain or maintain physical, mental, as in accordance with assessment and phased on record facility failed to a receiving periton the dialysis treatment blood pressure the ordered pararafailed to notify a weights and blood outside the ordered pararafailed to no	necessary care and services in the highest practicable and psychosocial well-being, in the comprehensive lan of care. review and interview, the ensure a resident eal dialysis was provided ment only when weights are readings were within meters as the facility dialysis company of dialysis company of dialysis readings ed parameters to ensure a still warranted for 1 of italysis in a sample of 16. cord was reviewed on a.m. The resident's ed, but were not limited all disease and	F03(09	blood pressures were faxed to dialysis company daily. Flow sheets for resident #63 were reviewed. Inaccuracies were noted and an inservice was completed on 8-09-2011. Aft the in service was completed further weights or blood pressures were outside the ordered parameters without communication to dialysis company. 2. House review indicates no peritoneal dialysis residents are in the facility. 3. licensed nurses will be inserved in the dialysis company per their orders. DCE or designee will audit the peritoneal dialysis fisheet 5 x weekly to ensure the communication is done per orders. 4. The results of these	to ter I no I no I low nat	09/09/2011
	Each resident must provide the national physical, mental, a in accordance with assessment and placed on receiving periton the dialysis treatr and blood pressu the ordered pararfailed to notify a weights and blood outside the ordered the treatment was 1 resident with dialysis included. Resident #63's recognitional provides the ordered pararfailed to notify a weights and blood pressu the ordered pararfailed to notify a weights and blood outside the ordered pararfailed to notify a weights and blood pressu the treatment was 1 resident with dialysis included. Resident #63's recognitional provides the ordered pararfailed to notify a weights and blood outside the ordered pararfail	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure a resident receiving peritoneal dialysis was provided the dialysis treatment only when weights and blood pressure readings outside the ordered parameters as the facility failed to notify a dialysis company of weights and blood pressure readings outside the ordered parameters to ensure the treatment was still warranted for 1 of 1 resident with dialysis in a sample of 16. (Resident #63) Findings include: Resident #63's record was reviewed on 08/16/11 at 9:30 a.m. The resident's diagnoses included, but were not limited to, end stage renal disease and	DENTIFICATION NUMBER: 155137 ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-35(g)(2) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure a resident receiving peritoneal dialysis was provided the dialysis treatment only when weights and blood pressure readings were within the ordered parameters as the facility failed to notify a dialysis company of weights and blood pressure readings outside the ordered parameters to ensure the treatment was still warranted for 1 of 1 resident with dialysis in a sample of 16. (Resident #63) Findings include: Resident #63's record was reviewed on 08/16/11 at 9:30 a.m. The resident's diagnoses included, but were not limited to, end stage renal disease and hypertension. A physician order, dated 07/08/11,	ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-35(g)(2) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure a resident receiving peritoneal dialysis was provided the dialysis treatment only when weights and blood pressure readings were within the ordered parameters as the facility failed to notify a dialysis company of weights and blood pressure readings outside the ordered parameters to ensure the treatment was still warranted for 1 of 1 resident with dialysis in a sample of 16. (Resident #63) Findings include: Resident #63's record was reviewed on 08/16/11 at 9:30 a.m. The resident's diagnoses included, but were not limited to, end stage renal disease and hypertension. A physician order, dated 07/08/11,	ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-35(g)(2) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure a resident receiving peritoneal dialysis was provided the dialysis treatment only when weights and blood pressure readings were within the ordered parameters as the facility failed to notify a dialysis company of weights and blood pressure readings outside the ordered parameters to ensure the treatment was still warranted for 1 of 1 resident with dialysis in a sample of 16. (Resident #63) Findings include: Resident #63's record was reviewed on 08/16/11 at 9:30 a.m. The resident's diagnoses included, but were not limited to, end stage renal disease and hypertension. A physician order, dated 07/08/11,	ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure a resident receiving peritoneal dialysis was provided the dialysis treatment only when weights and blood pressure readings were within the ordered parameters as the facility failed to notify a dialysis company of weights and blood pressure readings outside the ordered parameters to ensure the treatment was still warranted for 1 of 1 resident with dialysis in a sample of 16. (Resident #63) Findings include: Resident #63's record was reviewed on 08/16/11 at 9:30 a.m. The resident's diagnoses included, but were not limited to, end stage renal disease and hypertension. A physician order, dated 07/08/11,

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUI A. BUILD		NSTRUCTION 00	(X3) DATE COMPI	
155137	7	B. WING			08/23/2	2011
NAME OF PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
GOLDEN LIVING CENTER-VALPARA	AISO			JRDY ROAD RAISO, IN46383		
(X4) ID SUMMARY STATEMEN	T OF DEFICIENCIES	1	ID	PROVIDER'S PLAN OF CORRECTION	ſ	(X5)
PREFIX (EACH DEFICIENCY MUST)		P	REFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP DEFICIENCY)	E	COMPLETION
tag REGULATORY OR LSC IDEN dialysis as ordered if the			TAG	DEFICIENC!)		DATE
was 230-238 and if the systolic (top						
number) blood pressure						
100-160. The orders ind						
dialysis company if the r	•					
was below 230 or above						
blood pressure was below 160.	w 100 of above					
The resident's pre-dialysis weights/blood						
pressures per the dialysis flowsheet were						
as follows:						
07/10/11- 239 07/13/11- 240.4						
07/14/11- 240.2						
07/15/11- blood pressure	. 96/54					
07/21/11- 227.2	,					
07/23/11- 228.2						
07/25/11- 227						
07/26/11-229.4						
07/28/11- 229.8						
The flow record indicate	d the dialysis was					
completed on the above	dates.					
There 1 6 . 1						
There was a lack of docu indicate the dialysis com						
notified of the weights a						
pressures outside of the						
parameters.						
A whereteleads and a 1 c	4.07/20/11					
A physician's order, date indicated to complete the	· ·					
dialysis as ordered if the	-					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155137		ľ	LDING	NSTRUCTION 00	(X3) DATE (COMPL 08/23/2	ETED	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	R.			JRDY ROAD		
GOLDEN	I LIVING CENTER-	VALPARAISO		VALPAF	RAISO, IN46383		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	COMPLETION DATE
IAG		5-238 or if the systolic		IAG			DATE
		vas between 100-160.					
	•	ated to call the dialysis					
		esident's weight was					
	below 225 or abo	ove 238 or the systolic					
	blood pressure w	as below 100 or above					
	160.						
	Th. 11.1 ' C	the section 11 and 1					
	The dialysis flow	v sneet indicated alysis weight on 07/31/11					
	*	8/07/11 was 224.4 and					
		vas 97/51. The flow sheet					
	•	lysis was completed on					
	both evenings.	J					
	There was a lack	of documentation to					
	·	sis company had been					
		eight and blood pressure					
	prior to the dialy	sis being completed.					
	During on interv	iew on 08/16/11 at 10:40					
	_	or of Nursing indicated the					
	-	y was not being notified.					
		,					
	During a telepho	one interview on 08/18/11					
	at 8:45 a.m., the	dialysis company's RN					
		ights and the blood					
	_	have been called to the					
		y prior to completing the					
	dialysis.						
	3.1-37(a)						
	- 3.1-3 / (α)						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE S		SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI	DING	00	COMPL	ETED
		155137	B. WING			08/23/2	011
GOLDEN	PROVIDER OR SUPPLIER	/ALPARAISO		251 STU VALPAF	DDRESS, CITY, STATE, ZIP CODE JRDY ROAD RAISO, IN46383		
(X4) ID		TATEMENT OF DEFICIENCIES	.	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL	l 1	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Έ	COMPLETION DATE
F0328 SS=D	The facility must e proper treatment a special services: Injections; Parenteral and en Colostomy, ureten Tracheostomy car Tracheal suctionin Respiratory care; Foot care; and Prostheses. Based on observatinterview, the fact dressing changes completed weekl (Peripherally Insline for 1 of 2 rest a sample of 16. (Findings include During an observent p.m. with LPN # was sitting in his There was a PIC right upper arm. dressing to the Path of the dressing had	e; g; ation, record review and cility failed to ensure and measurements were y on a PICC erted Central Catheter) sidents with PICC lines in Resident #58)	F03		1. Resident #58 was assessed any negative outcome and noted. Order was corrected immediately. 2. All residents IV or PICC lines were review and corrections were completed as needed. 3. All licensed is will be re-educated on correct physician orders for IV and/of PICC lines. The DNS or designee will monitor orders new IV or PICC lines as need. This will be on going. 4. The results of these observations be reported to the QAA commettee x 6 months.5. 9/09/2011	with ed ted taff et r for ded.	09/09/2011

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ľ		INSTRUCTION 00	(X3) DATE S COMPL			
		155137	A. BUI B. WIN	LDING IG		08/23/2	011	
NAME OF E	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
					URDY ROAD			
GOLDEN	I LIVING CENTER-\	VALPARAISO		VALPARAISO, IN46383				
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	COMPLETION DATE	
IAG		ecord was reviewed on		IAU			DATE	
		5 a.m. The resident's						
		ed, but were not limited						
	_	osteomyelitis (bone						
	infection).							
ı	,							
	A physician's ord	ler, dated 07/14/11,						
	indicated a PICC	line was to be placed						
	due to intravenou	is therapy.						
	A progress note f	-						
		CC line had been placed						
	on 07/18/11.							
	1 6 4	1 2 1 1 2 1						
	An order from th	•						
		ed to change the dressing						
		every seven days, or if						
	heavily soiled.							
	A nurses' note da	ated 08/04/11 at 17:54						
	· ·	cated, "Picc line dressing						
		al lumens flush well and						
	caps changed."							
	There was a lack	of documentation to						
	indicate the resid	ent's PICC line dressing						
	had been change	d weekly and the external						
	length of the cath	neter had been measured.						
	_	iew on 08/16/11 at 11:30						
	· ·	nt Director of Nursing						
		I changed the PICC						
	_	5/11. She indicated she						
	wrote and transcr	ribed an order to change						

000062

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	INSTRUCTION 00	(X3) DATE SURVEY COMPLETED	
		155137	A. BUILDING B. WING		08/23/2011
NAME OF F	PROVIDER OR SUPPLIER	! :	l l	ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN	I LIVING CENTER-\	VALPARAISO		URDY ROAD RAISO, IN46383	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	` ·	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
TAG	the PICC dressin	LSC IDENTIFYING INFORMATION) a every week	TAG	DEFICIENCY)	DATE
	the rice dressin	g every week.			
	A facility policy,	dated 04/08, titled,			
	"Dressing Change For Vascular Access				
	· ·	ed from the Assistant			
		ing as current, indicated,			
		sing with Biopatch (clear ite may be left in place			
	•	the Biopatch is saturated			
	or the dressing is otherwise				
compromisedProcedureAssess					
	site:external le	ngth of catheter"			
	3.1-47(a)(2)				
F0371	The facility must -	om sources approved or			
SS=F		ctory by Federal, State or			
	local authorities; a				
	under sanitary cor	, distribute and serve food nditions			
	· ·	ation, record review, and	F0371	The facility will store, prepare	
	·	cility failed to ensure		distribute and serve food und sanitary conditions.1. The pl	I
		quipment were stored to		bag of orange gelatin lying o	n the
	prevent contamination, failed to ensure food items were dated when opened or			floor in the dry food area was picked up and discarded	;
		e and that supplements		immediately.2. There was ar	1
	au a ase of date	where supplies	ļ		

Facility ID:

CENTERSTO	WIEDICITKE & MEDIC	H SERVICES	•		OMB 110. 0200 0021	<u>.</u>
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED	
		155137			08/23/2011	
			B. WING	A DDDEGG CVEW CEATE AND CODE		
NAME OF I	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP CODE		
				TURDY ROAD		
GOLDEN	N LIVING CENTER-	-VALPARAISO	VALPA	ARAISO, IN46383		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	1	(X5)	
PREFIX		NCY MUST BE PERCEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	J
TAG	· ·	R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	•
1710	†		ind	ļ	2.112	
		when expired. These		open box of lasagna with a covering of plastic stored or		
	practices had the	e potential to affect 79 of		bottom shelf next to a dirty b		
	79 residents who received meals from the			and dust pan which was	0100111	
	kitchen and/or 1	3 of 52 residents on the		discarded immediately.3. T	here	
				were 2 boxes of bowls store		
		received supplements.		the floor unopened which w		
	(Kitchen and So	uth Hall Nutritional		taken to the disposable clos		
	Pantry)			immediately.4. The meat sli	 	
				with dried flood on the blade		
	Findings include	7.		a dirty base were		
	i manigs merado	J.		cleaned/sanitized immediate	elv.5.	
				The black purse sitting on the		
	During the initial	al tour on 8/15/11		bottom shelf of the food pre	 	
	beginning at 8:5	0 a.m., with the Dietary		table was removed and take		
	Manager and the	e District Food Manager		immediately to the staff mer	l l	
	_	as observed in the kitchen:		car.6. The plastic tops of th		
	l the following wa	as observed in the kitchen.		flour and rice bins were dirty		
				sticky to touch. The DSM		
	A. Kitchen			indicated the red substance		
				looked like punch. All spice	bin	
	1 There was a i	plastic bag of orange		lids were cleaned		
	1	the floor in the dry food		immediately.7. Inside the flo	ur bin	
	1	i the floor in the dry flood		was a brown substance mix	ed in	
	area.			with the flour. The DSM ind	l l	
				that cocoa had been spilled	 	
	2. There was an	open box of lasagne with		bin. The flour in the bin was	l l	
		of plastic stored on the		disposed of and the bin was	 	
	1	*		cleaned, sanitized and free	 	
		kt to a dirty broom and a		debris.8. There were 3 und	l l	
	dust pan.			pitchers of whole, skim and	 	
				milk in the reach-in cooler th	l l	
	3. There were to	wo boxes of bowls stored		were discarded immediately	 	
	on the floor.			There was an undated bag	JI	
				opened non-dairy whipped	or that	
				topping in the reach-in coole was immediately discarded.		
		eer had dried food debris		There was a plastic bag of	10.	
	on the blade and	l base.		shredded cheese with the o	nen	
				date of 8-5-11 that was disc		
	5 There was a l	black purse sitting on the		immediately.11. The front v		
		the food prep table		the ice machine was dirty, s		
	i poliom shelt of	me 1000 prep jable	1	I are recommend was unity, s		

bottom shelf of the food prep table.

Facility ID:

´			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED
		155137	B. WIN			08/23/2011
NAME OF I	PROVIDER OR SUPPLIER		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE	Į.
NAME OF F	KOVIDER OR SUPPLIER			251 ST	URDY ROAD	
	I LIVING CENTER-\				RAISO, IN46383	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
	· ·				CROSS-REFERENCED TO THE APPROPRIAT	TE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	, ,	DATE
PREFIX TAG	6. The plastic top bins were dirty at Dietary Manager substance looked 7. Inside the flow substance mixed Dietary Manager coco has been sp 8. There were the whole, skim, and reach in cooler. 9. There was an non-dairy whipper cooler. 10. There was a cheese with the country, dusty and separate storage were	ar bin there was a brown in with the flour. The indicated "It looks like illed." ree undated pitchers of two percent milk in the undated bag of opened ed topping in the reach in plastic bag of shredded open date of 8/05/11. Int to the ice machine was sticky. on the wire rack used for dirty and sticky.		PREFIX TAG	cache corrective action should be cross-referenced to the appropriate days. This was cleaned/sanitized immediate any dust, dirt and stick residulated. The railings on the variety and sticky. All racks we cleaned immediately of any cand grime. The bottom of food steamer was dirty with a spills. This was cleaned immediately of any grease buildup. The garbage can sitting by the oven was overflowing with food, paper plastic. The lid to the garbage can was sitting sideways on Trash was immediately discarded. The lid to the garbage can was sitting sideways on Trash was immediately discarded. The lid to the garbage can was sitting sideways on the south unit nutritional pantry were immediately discarded. For preparation/storage procedulated will be monitored daily for 4 weeks by DSM/Designee. Administrator/Designee will conduct onging weekly audits. Results of auxill be reviewed in QA/A meet for 6 months. 4. 9-9-11.	ly of ue it wire ere dust f the food n and ge top. ans
	anty with 1000 S	μπο.				
	was overflowing	can sitting by the oven with food, paper, and the garbage can was				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				ULTIPLE CO LDING	INSTRUCTION 00	(X3) DATE S COMPL	ETED
		155137	B. WIN		- <u></u>	08/23/2	011
NAME OF I	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE	•	
COLDEN	LLIVING CENTER I	VAL DADAICO			URDY ROAD RAISO, IN46383		
	I LIVING CENTER-\				RAISO, IIN40303		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	1	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
-	sitting sideways			_			
	sitting sites ways	on top.					
	A facility policy,	titled "Storage of					
	Refrigerated Foo	ds," dated, 2002,					
	indicated "Mor	nitor daily for expiration					
	dates or use by d	ates and discard all					
	outdated"						
		nvironmental tour, on					
	8/17/11 at 1:30 p	-					
		ector and Housekeeping					
	Director, the foll	owing was observed:					
	South Hall Nutri	tional Pantry:					
	1. There were 18	8 cans of 2 cal (a					
	nutritional supple	· ·					
		14 on the shelf, with an					
	expiration date o						
	During an intervi	iew at the time of the					
		Housekeeping Director					
	indicated "we wi	ll discard them now."					
	3.1-21(i)(2)						
	3.1-21(i)(3)						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION OO			(X3) DATE SURVEY COMPLETED		
ANDILAN	OF CORRECTION	155137	A. BUII			08/23/2	
		1.66.6.	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	00/20/2	
NAME OF I	PROVIDER OR SUPPLIER			1	URDY ROAD		
	I LIVING CENTER-\			1	RAISO, IN46383		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
	*				CROSS-REFERENCED TO THE APPROPRIAT	E	
F0465 SS=D	The facility must present sanitary, and comfresidents, staff and Based on observation facility failed to econditions related throughout 1 of 1 findings included. During the initial at 8:50 a.m., with and the District Fithroughout the kithave a black, stick corners and based storage racks, sin stove. The center and food spills. During an intervity a.m., the Dietary would inservice to mop. During an intervity a.m., the Dietary would inservice to mop.	ention and interview, the ensure safe, sanitary d to dirty floors kitchen. (kitchen).	F0	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE	ged nich etary and n evy gn ch nd ager sign	O9/09/2011

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155137		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVE COMPLETED 08/23/2011			ETED		
GOLDEN	PROVIDER OR SUPPLIER	/ALPARAISO	B. WIN	STREET A 251 STU VALPAR	DDRESS, CITY, STATE, ZIP CODE JRDY ROAD RAISO, IN46383		QV5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
F0514 SS=E	The facility must meach resident in approfessional stand complete; accurate accessible; and sy. The clinical record information to identhe resident's asseand services provipreadmission scresstate; and progress Based on record revinterview, failed to expression accurate to the resident's asseand services provipreadmission scresstate; and progress that it is a service of the record revinterview, failed to expression accurate to the records we and accurate physicians of care meassessment assessment psychiatric reports for the resident in a service province of the records we are accurate to the records accurate to	naintain clinical records on coordance with accepted ards and practices that are ely documented; readily estematically organized. must contain sufficient are ely the resident; a record of essments; the plan of care ded; the results of any ening conducted by the sa notes. observation, riew and the facility are medical ere complete ate related to, as orders, plan eetings, at forms, and c progress	F0	514	1. A. Resident # 41 records reviewed by SSD and documentation updated. B. Resident #41 order corrected computer immediately and plon chart. Resident was rece correct diet. All diets were audited and any corrections needed were completed. 2. A Resident #46 order was for accu-check once daily with s scale insulin. Insulin had be administered correctly since change order received to cha accu-checks from 4 x daily to time daily; however, body of contained "QID" in it. Reside #46 orders were reviewed and corrected immediately. B. Resident # 41 records were reviewed and no follow up documentation by psych serv was noted. 3. Resident # 58 physician orders were review and corrected. All residents PICC lines or IVs were reviewed.	laced iving A. liding en ange of 1 order ent and vices ved with	09/09/2011

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	155137	1	LDING	00	08/23/2011
		100101	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	00/20/2011
NAME OF F	PROVIDER OR SUPPLIER			1	URDY ROAD	
GOLDEN	I LIVING CENTER-\	/ALPARAISO		1	RAISO, IN46383	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION DATE
mo	_	and accurate			and any corrections required were made.4. Resident # 67	
	•	ecords in a			Clinical Health Status Assessment were reviewed.	
	sample 16	. (Residents			Whole house audit will be completed on residents for	
	•	`			psychosocial documentation.	
	#41, #46,	#58, and #67)			Whole house audit was	
					completed on residents diet orders. Diet orders noted to	he
	TT: 1: .	1 1			correct. Reviewed all insulir	
	Findings i	nclude:			orders for last 30 days to insi	
					all orders are accurate. Goil forward from date of exit all	ng
					Clinical Health Status	
	1. Resid	ent #41's			Assessements will be review	
	record wa	s reviewed on			by DNS or designee prior to placed in charts to insure	be
					completion of assessments.	3.
	08/17/11 a	at 8 a.m. The			SSD will implement a social	
	resident's	diagnoses			service audit tool to be comp 5 x weekly. Admin/designee	
	10SIUCIII S	ulagiloses			monitor audits weekly x 4 we	
	included,	but were not			Licensed staff will be inserv	
	limited to	Parkinson's			on correct procedure for writi physician orders. MAR will b	- 1
	minica to,	, I alkilisuli s			reviewed monthly by DNS or	
	disease an	d psychotic			designee to insure accuracy	
	disorder.	1 0			insulin orders. Clinical Heal Status assessments will cont	
	disorder.				to be completed on admissio	n,
					quarterly, annually and with	
	A) A !!T	agility Ingidant			significant change per MDS schedule to track when these	e are
	A A A A	acility Incident			due. Prior to being placed in	
	Reporting	Form", dated			charts assessments will be reviewed by DNS or designe	e to
		·			ensure completion. 4. The	
	05/22/11,	marcatea,			results of these audits and	
	"On 5/2	2/11 at approx.			observations will be reported the QAA committee x 6 mont	
		Tr			5. 9-9-2011	
					!	

000062

	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	A. BUII	BUILDING 00		(X3) DATE SURVEY COMPLETED 08/23/2011	
		1	STREET A	JRDY ROAD		
SUMMARY S' (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	πE	(X5) COMPLETION DATE
(approxim	nately) 6:30					
p.m., CNA	A was walking					
past (resid	lent name)					
room and	heard					
resident's	husband					
yelling. C	CNA was					
unable to hear the						
specific words being						
yelled, so	CNA looked in					
and saw re	esident's					
husband p	ick up a cloth					
item, like	a wash cloth,					
and stated	, 'I don't want					
to hear any	ything else.					
Shut-up.'	At that time,					
CNA note	d that					
resident's	husband					
pushed the	e cloth item					
into reside	ent's mouth.					
The CNA	alerted one of					
	summary s' (EACH DEFICIENCE REGULATORY OR RE	ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the	ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth.	ROVIDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth.	ROUNDER OR SUPPLIER LIVING CENTER-VALPARAISO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth.	International Control of Street address, City, State, Zip Code 251 STURDY ROAD VALPARAISO SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (approximately) 6:30 p.m., CNA was walking past (resident name) room and heard resident's husband yelling. CNA was unable to hear the specific words being yelled, so CNA looked in and saw resident's husband pick up a cloth item, like a wash cloth, and stated, 'I don't want to hear anything else. Shut-up.' At that time, CNA noted that resident's husband pushed the cloth item into resident's mouth.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

UU6K11

Facility ID:

000062

If continuation sheet

Page 25 of 36

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155137		(X2) MULTIPLE (A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 08/23/2011
NAME OF PROVIDER OR S	JPPLIER		TADDRESS, CITY, STATE, ZIP CO TURDY ROAD	ODE
GOLDEN LIVING CE	ITER-VALPARAISO		ARAISO, IN46383	
PREFIX (EACH D	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PERCEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLETION
the nu	rses on			
duty	husband was			
prepar	ing to			
leave.	.Nurse manager			
noted	that resident			
should	should be in vision if			
reside	resident's husband was			
preser	present and would only			
be abl	e to visit at this			
time in	a common			
area	Ombudsman met			
with r	esident's family			
and st	off. Resident's			
family	agreed to			
contin	ued supervised			
meetin	gsuntil an			
assess	ment by social			
servic	es is completed in			
l two w	eeksResident to			
be see	n by psychiatrist			

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	(X2) MUL' A. BUILD! B. WING		NSTRUCTION 00	(X3) DATE S COMPL 08/23/2	ETED
	PROVIDER OR SUPPLIER		:	251 STU	DDRESS, CITY, STATE, ZIP CODE JRDY ROAD RAISO, IN46383		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID REFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	on next vi	sitCare plan					
	in place."						
	document resident's indicate w discussed	what was at the meeting amily and the					
	08/17/11 a the Social Director (there were about the meeting in record and	SSD) indicated e no notes Ombudsman of the resident's					

	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY IPLETED 1/2011
	PROVIDER OR SUPPLIER		STREET 251 ST	ADDRESS, CITY, STATE, ZIP CO TURDY ROAD RAISO, IN46383	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	about the	meeting were.				
	B) During					
		on of the noon 8/15/11 at				
	12:15 p.m	., Resident #41				
	received a	•				
	consistency diet. The resident's family brought					
		consistency				
		ne resident for ng meal at 6:17				
	p.m., on 0	•				
	The Physi	cian's				
	_	ation Orders,				
		02/11, indicated nt had an order				
	for a regu	lar puree diet, ordered on				
		ordered on				

	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	(X2) MU A. BUILL B. WINC	DING	NSTRUCTION 00		x3) date survey COMPLETED 08/23/2011
	PROVIDER OR SUPPLIER			STREET A	DDRESS, CITY, STATE, ZIP COD JRDY ROAD RAISO, IN46383	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	07/22/11.						
	The reside	ent's dietary					
	card indic	ated the					
	resident should receive a regular diet.						
	During an interview on						
	08/19/11 a	at 9:10 a.m.,					
	the Dietar	y Manager					
	indicated	she had					
	received a	slip from					
		n 07/25/11 to					
	•	e resident's diet					
		ar consistency.					
		· · · · · · · · · · · · · · · · · · ·					
	During an	interview on					
	•	at 9:15 a.m.,					
		ndicated she					
		ed talking to					
		od mixing to					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	(X2) MULTIPLE CC A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 08/23/2011
	PROVIDER OR SUPPLIER		251 ST	ADDRESS, CITY, STATE, ZIP CODE URDY ROAD RAISO, IN46383	•
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
	the reside	nt's physician			
	about the	diet. She			
	indicated	she did not			
	know why	there was not			
	an order in	n the medical			
	record or	computer for			
	the dietary	y order change.			
	08/19/11 athe Assista Nursing in order for to was not in record or for the resindicated received or	interview on at 9:50 a.m., ant Director of adicated an the diet change at the resident's in the computer sident. She the order was on 07/25/11.			
	2. Roside	iii ii io b iocoid			

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE COME 08/23/	PLETED
	PROVIDER OR SUPPLIER		251 ST	ADDRESS, CITY, STATE, ZIP COD URDY ROAD RAISO, IN46383	Έ	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	was review	wed on				
	08/17/11 a	at 2:15 p.m.				
	The reside	ent's diagnoses				
	included,	but were not				
	limited to	, diabetes				
	mellitus a	nd depression.				
	A) A physician's order,					
	dated 06/2	23/11, indicated				
	Novolog i	insulin was to				
	be admini	stered daily.				
	The order	also indicated				
	accu-chec	ks (blood				
	sugar che	cks) four times				
	a day and	a sliding scale				
	of insulin	(insulin				
	administe	red by the				
	results of	the blood				
	sugar).					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137		(X2) MU A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE COMPI 08/23/2	LETED	
	PROVIDER OR SUPPLIER		D. WIIV	STREET A	JRDY ROAD RAISO, IN46383		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	The reside	ent's					
	Medicatio	n					
	Administr	ration Record					
	(MAR), d	ated 08/11,					
	indicated	the resident					
	was gettin	ig an					
	accu-check completed						
	daily and Novolog						
	insulin was given daily						
	per the sli	ding scale.					
	08/18/11 athe Direct indicated not written She indicated	k should only					

000062

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155137			ULTIPLE CO LDING	ONSTRUCTION 00	(X3) DATE S COMPL 08/23/2	ETED	
		155137	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	00/23/2	011
NAME OF I	PROVIDER OR SUPPLIER				URDY ROAD		
GOLDEN	I LIVING CENTER-	VALPARAISO		VALPAF	RAISO, IN46383		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	· ·	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.TE	DATE
	B) A psyc	chiatric note,					
	dated 05/0	03/11, indicated					
	for a follow up in two						
	weeks.						
	There was a lack of						
	documentation to						
	indicate th	ne follow up					
		completed in					
		•					
	two weeks	S.					
	During on	intorvious on					
		interview on					
	08/17/11 a	at 10:10 a.m.,					
	the Social	Service					
	Director in	ndicated the					
		psychiatric					
		•					
	•	notes had not					
	been filed	in the					
	resident's	record yet.					
		·					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137		(X2) MULTIPL A. BUILDING B. WING	E CON	00	(X3) DATE S COMPL 08/23/2	ETED	
	PROVIDER OR SUPPLIER		251	STU	DDRESS, CITY, STATE, ZIP CODE JRDY ROAD AISO, IN46383		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	3. Reside	nt #58's record					
	was review	wed on					
	08/16/11 at 11:35 a.m.						
	The reside	ent's diagnoses					
	included,	but were not					
	limited to						
	osteomyelitis (bone infection).						
	indicated dressing to	lated 07/18/11, to change the to the PICC line en days, or if					
	document indicate the	s a lack of ation to ne order for the hange had					

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	(X2) MUL' A. BUILD! B. WING		NSTRUCTION 00	(X3) DATE S COMPL 08/23/2	ETED
	PROVIDER OR SUPPLIER			251 STU	DDRESS, CITY, STATE, ZIP CODE JRDY ROAD RAISO, IN46383		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	been trans	scribed to the					
	resident's	MAR or					
	Treatment	ţ					
	Administr	ation Record.					
	During an	interview on					
	08/16/11 at 11:30 a.m.,						
	the Assistant Director of						
	Nursing in	ndicated she					
	wrote and	transcribed an					
	order to cl	hange the					
	PICC dres	ssing every					
	8/18/11 at 10:45 diagnoses includ	s record was reviewed on a.m. Resident #67's ed, but were not limited lisease and chronic					
	(an assessment o condition to be d Quarterly, annua change in condit	1 Clinical Health Status f the residents overall one on admission, lly, and with a significant ion) indicated Section B, ection G were not					

000062

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

l	OF CORRECTION	IXI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	A. BUILDING B. WING	00	ľ í	E SURVEY PLETED 2011
	PROVIDER OR SUPPLIER		STRE 251	EET ADDRESS, CITY, STATE, ZIP O STURDY ROAD .PARAISO, IN46383	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
	completed. A July 28, 2011 (indicated Section K, L, M, N, O, a During an interva.m., the ADoN (Nursing) indicate	Clinical Health Status as B, C, D, E, F, G, I, J, and P were not completed. iew on 8/18/11 at 11:25 (Assistant Director of ed all sections of the status forms should be				